

GOVERNMENT'S EXHIBIT A

LVMPD USE ONLY:

Date: **AUG 27 2019**

Las Vegas Metropolitan Police Department

CS # **408438****CONCEALED FIREARM PERMIT APPLICATION**☒ Initial Application ☐ Renewal Application

Please type or print legibly in BLACK ink

| | | |
|----------------------------|--------------------------|----------------------------|
| First Name: TIMOTHY | Middle Name: NGAI | Last Name: THURTELL |
|----------------------------|--------------------------|----------------------------|

List all names ever used, including maiden name, any married names and any legal name changes:

1. **N/A** 2. _____
 3. _____ 4. _____

| | | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------|
| SSN: Redacted | Birthdate: Redacted | Citizenship: USA | Place of Birth: Riverside CA. |
| Permanent Resident, Alien Registration, or Alien ID#: | | Visa, Permanent Resident, Alien Registration, or Alien ID# Expiration: | |
| Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other | | |
| Height: 6' | Weight: 185 | Hair Color: BRN | Eye Color: BRN |
| Physical Address (including Bldg/Apt#): Redacted ST | | City: EV | State: NV Zip: 89130 |
| Mailing Address (including Bldg/Apt#): Redacted CAETUS | | City: EV | State: NV Zip: 89130 |
| Home Phone: 702 368-3068 | | Cell Phone: 702 348-5300 | |
| Employer: IN PRODUCTION | | Work Phone: 702 395 0444 | |
| Employer Address: 549 S CACTUS RD A2838 | | Occupation: Director | |

Answer each of the following questions by checking the appropriate box:

- Are there currently any outstanding warrants for your arrest?.....
- Have you ever been judicially declared mentally incompetent or insane?.....
- Have you ever been admitted to a mental health facility?.....
- During the five years immediately preceding the date of this application, have you been convicted of driving under the influence of alcoholic or controlled substance(s) in this or any other state?.....
- During the five years immediately preceding the date of this application, have you habitually used intoxicating liquor or narcotics to the extent that your normal faculties were impaired?.....
- During the five years immediately preceding the date of this application, have you been committed for treatment of the abuse of alcoholic beverages or narcotics in this or any other state?.....
- During the five years immediately preceding the date of this application, have you been committed for treatment of, or convicted of a crime related to controlled substance in this or any other state?.....
- During the three years immediately preceding the date of this application, have you been convicted of a crime involving the use or threatened use of force or violence, punishable as a misdemeanor?.....
- Have you ever been convicted of a felony in this or any other state?.....
- During the five years immediately preceding the date of this application, have you been subject to any requirements imposed by a court as a condition to the courts withholding the entry of judgment of suspension of a sentence, for the conviction of a felony?.....
- Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state?.....
- Are you currently subject to a restraining order, injunction or other order for protection against domestic violence in this or any other state?.....
- Are you currently on parole or probation for a conviction in this or any other state?.....
- Have you ever renounced your United State's citizenship?.....
- Have you been dishonorably discharged from the Armed Forces?.....
- Are you between the ages of 18 and 21 and meet the military exemption to obtain a permit?
- During the year immediately preceding this application, have you used marijuana?.....

| YES | NO |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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CONCEALED FIREARM PERMIT APPLICATION

If you answered "YES" to any of the questions on the previous page, please explain below (add additional pages if necessary).

List all residences, beginning with the current address, for the past 10 years (5 years for renewal applicants):

| | Street Address (including Bldg/Apt#) | City & State | Dates of Residency Mo/Yr - Mo/Yr |
|-----|-----------------------------------------|--------------|-------------------------------------|
| 1. | 6105 CONOSOME CACTUS | LV NV | 2/2016 Present |
| 2. | 5521 Lucky Clover | LV NV | 3/2014 2/2016 |
| 3. | 8125 Greenbush St. | LV NV | 9/2011 2/2014 |
| 4. | 6337 Cedar Grove | LV NV | 9/2010 8/2011 |
| 5. | 8033 Deep Stone | LV NV | 2/2010 - 9/2010 |
| 6. | 4787 Dream Catcher | LV NV | 3/2009 - 2/2010 |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

AFFIDAVIT

To be completed in the presence of an LVMPD Employee.

This application is executed under oath. Falsification or misrepresentation of any part, or any document attached subjects the applicant to denial or revocation of the permit for which this application is submitted.

Before me this day personally appeared TIMOTHY NASH THURKE who being duly sworn, deposes and says:

(Applicant's Name)

I DO HEREBY SWEAR AND AFFIRM, UNDER PENALTY OF PERJURY, THAT THE FOLLOWING ASSERTIONS ARE TRUE AND CORRECT:

- A. The information contained in this application and all attached documents are true and correct to the best of my knowledge.
- B. I agree to immediately notify the issuing agency's Concealed Weapons Detail if charged, arrested, or convicted of any crime in this state or under the laws of any state, territory or possession of the United States.

Date: AUG 27 2019 Signature of Applicant: [Signature]



FOR LVMPD USE ONLY – IDENTIFICATION VERIFICATION



STATE/DMV Issued Identification:

☒ Driver's License # or

☐ State Identification ID #

4100403702

Exp Date: 10/10/22 State: NV

Retain Copies For Below

☐ US Passport #

Exp Date: _____

☐ Naturalization#

☐ Alien ID/Resident#

LVMPD Employee:

A15296E

PH: _____

A15296E



Nevada Sheriffs and Chiefs Firearms Safety Course Certification of Completion and Firearms Proficiency Certificate



(TO BE COMPLETED BY INSTRUCTOR ONLY)

Issued to: Timothy N. Thuerle
Applicant's Name

Date: 07/13/2019

I, Leon Craig Dean, an instructor for Las Vegas Firearms Training
Instructor's Name – Please Print Clearly Name of Business – Please Print Clearly

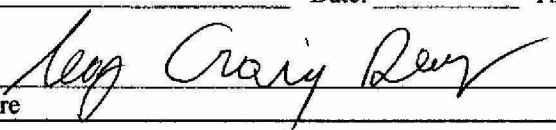
certify that the above named applicant has completed a course of instruction to include the following:

| | Applicant Initials | Instructor Initials |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| Successfully completed a course of instruction and demonstrated proficiency in basic firearm knowledge and the safe handling of firearms. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction and demonstrated proficiency in ammunition knowledge and the safe handling of ammunition. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction and demonstrated proficiency in the cleaning and the care of firearms. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction and demonstrated proficiency in storage and child proofing firearms. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction and demonstrated proficiency in handgun shooting techniques and positions. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction in the laws pertaining to the use of firearms in the State of Nevada and the County in which the application is submitted. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction in the use of deadly force, the force continuum, civil and criminal liability. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction in the knowledge of avoiding criminal attack and controlling a violent confrontation. | <u>h</u> | <u>CD</u> |
| Successfully completed a course of instruction and demonstrated proficiency in firing a handgun and range safety. | <u>h</u> | <u>CD</u> |
| Successfully completed and passed a written examination and a firearms qualification course as required. | <u>h</u> | <u>CD</u> |

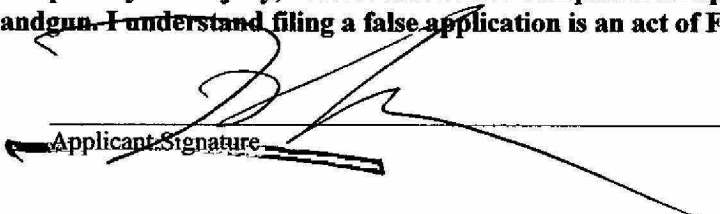
Check all that apply

☒ Full Course (8 Hours): If Full Course, Written Test: ☒ Pass ☐ Fail
☐ Renewal Course (4 Hours)

This certificate satisfies the State of Nevada's CCW Permit Instruction Requirements.

| | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Location of Classroom and Range (please include County): | |
| 6166 S Sandhill Rd, Las Vegas, NV 89120 Clark | Date: <u>7/13/19</u> Times: <u>8:00</u> to <u>4:00</u> |
| Classroom Address | |
| 3084 S Highland Dr Suite B, LV NV 89109 Clark | Date: <u>7/13/19</u> Times: <u>4:30</u> to <u>5:00</u> |
| Range Address | |
|  Instructor Signature | |

Under penalty of Perjury, I attest that I have completed an approved course of instruction and qualified with a handgun. I understand filing a false application is an act of Forgery and a violation of Nevada law.


Applicant Signature

Las Vegas Metropolitan Police Department
CONCEALED FIREARM PERMIT APPLICATION

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I authorize you to furnish the Las Vegas Metropolitan Police Department with any and all information that you have concerning me, my employment records, my reputation, my mental health condition, and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the police department in determining my qualification and suitability for a Concealed Firearms Permit.

In compliance with Federal Confidentiality Rules (42 CFR, Part 2), this waiver includes the release of medical records for the admission and discharge dates to a mental health facility for treatment of mental health.

In addition to the above requested information, you may release arrests, detentions, field citations, field interview cards, officers' records, jail/custody booking records, traffic citations, and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports or information source.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and any other legal provisions, and with the understanding that information furnished will be used by the Las Vegas Metropolitan Police Department in conjunction with my application for a Concealed Firearms Permit.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

I declare under penalty of perjury under the laws of the State of Nevada, that the foregoing is true and correct.

TIMOTHY NOAH THURTELL

Applicant's Full Name (please type or print legibly in black ink)


 Applicant's Signature

A15296E

LVMPD Employee

AUG 27 2019

Date

AUG 27 2019

Date

NOTE: *A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain a copy of this form for your files.*



CS# 408 438

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by **Las Vegas Metropolitan Police Department** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of requesting agency) **Las Vegas Metropolitan Police Department** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will. A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original. In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

| | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Applicant's Name: <u>Brother Neal Thutge</u> (PLEASE PRINT FIRST, MIDDLE, LAST) | Submitting Agency: Las Vegas Metropolitan Police Department |
| Address: <u>6105 Longson Ave</u> | Agency Representative: A. Escandon |
| City: <u>Las Vegas</u> State: <u>NV</u> Zip Code: <u>89130</u> | |
| Applicant's Signature: <u>[Signature]</u> | Agency Representative's Signature: <u>A. Escandon</u> |
| Date: <u>AUG 27 2019</u> | Date: <u>AUG 27 2019</u> |